Determining the Value of Opiate Substitution Treatment

January 2004

Department of Social and Health Services
Health and Rehabilitative Services Administration
Division of Alcohol and Substance Abuse
PO Box 45330
Olympia, Washington 98504-5330
(360) 438-8200
Fax: (360) 438-8078

Kenneth D. Stark, Director

ACKNOWLEDGMENTS

The Executive Summary and Findings of this report were written by:

David H. Albert, Senior Planning and Policy Analyst, Division of Alcohol and Substance Abuse

The following staff from the Division of Alcohol and Substance Abuse contributed to this report:

Doug Allen	*Kevin Campbell*	*Stan Kowalkowski*	*Toni Krupski*
Ala Mofidi	*Tonja McDougall*	*Ed Vukich*	*Fritz Wrede*

Data from the following opiate substitution treatment programs are included in this report:

King County

Evergreen Treatment Services
Ron Jackson, Executive Director

Therapeutic Health Services
Norman Johnson, Director

CRC/Western Clinical Health Services
Joan Bunnell, Administrator

Pierce County

Tacoma-Pierce County Treatment Services
Dave Bischof, Program Coordinator

Portland, Oregon (for Clark County Residents)

CODA, Inc.
Tim Hartnett, Executive Director

Spokane County

Alcohol/Drug Network
Nancy Echelbarger, Administrator

Thurston County

South Sound Clinic of Evergreen Treatment Services
Ron Jackson, Executive Director

Yakima County

Central Washington Comprehensive Mental Health
Judy Newland, Supervisor – Addiction Services

DETERMINING THE VALUE OF OPIATE SUBSTITUTION TREATMENT JANUARY 2004

Table of Contents

EXECUTIVE SUMMARY

This report, "Determining the Value of Opiate Substitution Treatment," is the tenth in a series of annual outcome reports related to the delivery of opiate substitution services in Washington State. The legislative requirement contained in RCW 70.96A.420(4), enacted in the 2001 Legislative Session, to provide an "outcome analysis" of programs providing opiate substitution treatment has been repealed. However, the Department of Social and Health Services (DSHS), Division of Alcohol and Substance Abuse (DASA) has chosen to continue to publish this report as part of its ongoing efforts to monitor the quality of care and evaluate the cost effectiveness of providing alcohol and drug treatment services.

1. The Problem Defined

In 2000, approximately 1.2% of U.S. residents ages 12 and over reported heroin use at least once in their lifetime, with approximately 104,000 new heroin users in 1999.[1] The White House Office of National Drug Control Policy estimates there are as many as 980,000 people addicted to heroin nationwide.[2] (Heroin addiction is the most common form of opiate addiction.) Most do not receive any kind of treatment. The financial costs of untreated heroin addiction to individuals, family, and society are estimated by the National Institutes of Health at approximately $20 billion each year.[3]

People with chronic heroin addiction pose a significant public health risk to our communities. Because the large majority are injection drug users, people with chronic heroin addiction are more likely to contract and spread HIV and hepatitis B and C. The federal Centers for Disease Control and Prevention estimate that injection drug users (most of whom are heroin users), their sexual partners, and their offspring account for approximately 35% of new HIV infections each year.[4] Chronic heroin users are more likely to engage in criminal activity, and place increased strain upon public resources through expenditures for welfare costs, emergency room and hospital admissions, and psychiatric hospitalizations.

2. Opiate Substitution Treatment Defined

Opiate substitution is one form of treatment on a continuum of care for addiction to heroin and other opiates. Detoxification, drug-free treatment, counseling, support groups, and life skills training – including vocational rehabilitation -- combined with newer

[1] Office of Applied Studies, *Summary of Findings from the 2000 National Household Survey on Drug Abuse.* Rockville, MD: Substance Abuse and Mental Health Services Administration, 2001.
[2] Office of National Drug Control Policy, *The National Drug Control Strategy: 2000 Annual Report*, p. 16. Washington, DC: Office of the White House, 2000.
[3] National Institutes of Health, *Effective Medical Treatment of Heroin Addiction: NIH Consensus Statement 1997.* November 17-19, 1997 15(6).
[4] Centers for Disease Control and Prevention, *HIV/AIDS Surveillance Report*. Atlanta, GA: U.S. Department of Health and Human Services, Public Health Service, 1998.

medications and methadone maintenance treatment constitute the continuum of care used to address opiate addiction in the U.S. today.

The drug most commonly used in opiate substitution treatment is methadone. Discovered in Germany, methadone was approved by the U.S. Food and Drug Administration in 1947 as an analgesic. Early uses included treatment for migraines, dysmenorrhea (painful menstruation), labor pains, advanced cancer, and tetanus. By 1950, it was also being used to treat symptoms of withdrawal from opioid addiction.

Methadone was first used in maintenance therapy for opioid addiction during the late 1960s. Methadone maintenance has three immediate objectives:

- Suppress signs and symptoms of opioid withdrawal;
- Extinguish opioid drug craving; and
- Block the reinforcing effects of illicit opioids.[5]

3. What Services are Delivered as Part of Opiate Substitution Treatment?

Opiate substitution treatment programs provide more than simply medication. Treatment programs are subject to both federal and state regulations in the delivery of services to opiate-addicted patients.

In Washington State, the delivery of opiate substitution treatment services are governed by WAC 388-805-700, -710, -720, -730, -740, and –750. These rules recognize that successful treatment requires assessment, monitoring, counseling, and proper medication. Each program has a physician who determines whether a patient is addicted to opiates prior to admission. A medical practitioner must examine each patient within 21 days of admission to the program. Following the patient's initial dose, the physician, in consultation with a state-certified Chemical Dependency Professional (CDP) working in the clinic, determines the adequacy of the dose in relieving signs and symptoms of withdrawal while at the same time watching for side effects of detoxification. Patients provide urine samples at least eight times per year, collected randomly and without advance notice to the patients, so that programs can check for continued illicit drug use.

Patients are assigned CDPs or CDP trainees who are under a CDP's supervision. For the first 90 days, patients are required to attend at least one individual or group counseling session per week. Thereafter, requirements call for a minimum of at least one counseling session per month. CDPs also conduct and document continuing care reviews with each patient to review progress

[5] Maremmani, I., et al., "Clinical Foundations for the Use of Methadone: Italian Consensus Panel on Methadone Treatment," *Heroin Addiction and Related Clinical Problems* 5(1), 2003; Payte, J., et al, "Opioid Maintenance Treatment," in Graham, A., et. al, *Principles of Addiction Medicine*. Chevy Chase, MD: American Society of Addiction Medicine, 2003.

Upon entry into treatment, patients travel to the clinics six days per week to receive their methadone dose, receiving "take-home" doses only for Sundays or legal holidays. For patients in treatment less than a year, after 90 days, and following at least 60 days of negative urine screens, programs may allow additional take-home doses, up to a maximum of six. After one year, patients may be allowed a two-week supply, and a one-month supply after two years.

4. Treatment Works!

Opiate substitution treatment has scientifically been shown to work. By far the most common form of opiate substitution treatment is methadone therapy. In its 2000 National Drug Control Strategy, the White House Office of National Drug Control Policy called methadone therapy "one of the longest-established, most thoroughly evaluated forms of drug treatment."[6] A Consensus Panel convened by the National Institutes of Health in 1997 concluded that, "Methadone treatment significantly lowers illicit opiate drug use, reduces illness and death from drug use, reduces crime, and enhances social productivity."[7] The 12-member panel strongly recommended broader access to methadone maintenance treatment programs for people addicted to opiates, and elimination of federal and state regulations and other barriers impeding this access. A 1998 review by the U.S. General Accounting Office found that methadone therapy helps keep 179,000 addicts off heroin, off welfare, and on the tax rolls as law abiding, productive citizens.[8]

5. Seattle-King County – An Instructive Story

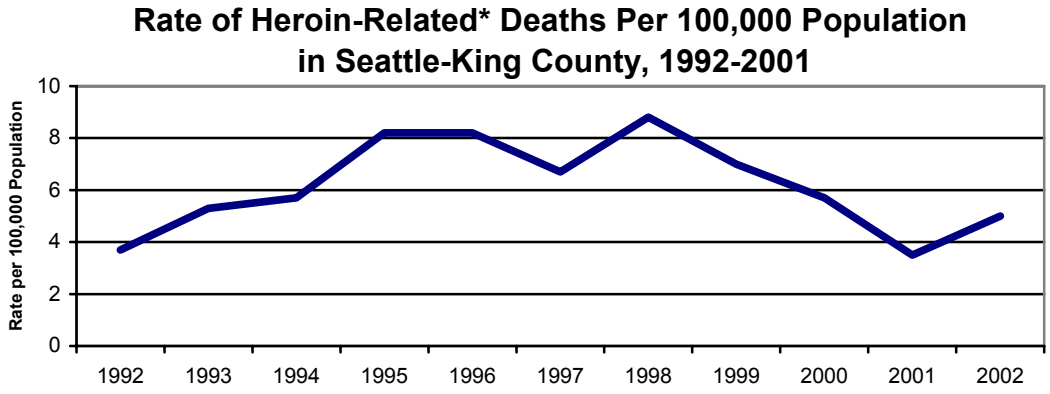
The experience of Seattle-King County is particularly instructive. In King County, it is estimated that there are between 15,000-20,000 injection drug users, 70% of whom are chronic heroin users and could benefit from treatment.[9] From 1990 to 1998, the rate of heroin-related deaths in King County grew more than 170%. In 1998, there were more unintentional opiate overdose deaths in King County (143) than traffic deaths (119).[10]

Faced with an epidemic, city and county governments undertook a coordinated response to address heroin addiction. King County authorized a 50% expansion in the number of opiate substitution treatment slots, and authorized a mobile methadone clinic. The County also provided preventive and limited substance-abuse treatment services in the local criminal justice system, and expanded the availability of drug-free housing for individuals in recovery.

---

[6] *National Drug Control Strategy 2000*, p. 57.
[7] *Effective Medical Treatment of Heroin Addiction.*
[8] *National Drug Control Strategy 2000*, p. 57.
[9] Public Health – Seattle & King County (August 2001). *Heroin Task Force Report: Confronting the Problem of Heroin Abuse in Seattle and King County.*
[10] Solet, D., Hagan, H., Nakagawara, J., Plough, A., and Ball, J. "Unintentional Opiate Overdose Deaths – King County, 1990-1999. *Morbidity and Mortality Weekly* 49:29, pp. 636-640.

One result was that heroin-related deaths in King County declined dramatically, by 57%, to 61 deaths in 2001. As shown in the following chart, the rate of heroin-related deaths fell from 8.8 per 100,000 people in 1998 to 3.5 per 100,000 in 2001. Emergency room mentions of heroin similarly declined, from 78 per 100,000 people in July-December 1997, to 38 in January-June 2001, representing a 51% decrease.



*** Includes other opium derivates.**

More recently, however, new treatment admissions have also declined, probably because effective treatment is resulting in longer treatment stays, and correspondingly fewer open treatment slots.[11] Even as the number of treatment admissions to opiate substitution treatment grew, the waiting list for opiate substitution treatment in King County more than tripled, from 198 to 663 people, between 1997-2002.[12] Between 2001-2002, the number of heroin-related deaths rose from 61 to 87, representing a 42.6% increase. The heroin-related death rate in King County rose from 3.5/100,000 to 5.0/100,000, representing a 42.9% increase. (Note: Medical Examiner data on heroin-related deaths includes those that may be related to other opiate derivatives.) The waiting list for entry into publicly funded opiate substitution treatment in King County can now be nine months or longer.

Seattle-King County's Heroin Task Force now lists as their number one priority to "Begin to provide treatment to all heroin addicts who request it, without limitations of waiting period, insurance/funding, or location." This priority was set to support the two underlying principles of the Task Force: 1) Help individuals addicted to heroin return to useful productive lives; and 2) Decrease the overall human suffering and monetary costs to the community due to heroin addiction.[13]

The King County Bar Association's (KCBA) Drug Policy Project is now spearheading advocacy efforts to expand the availability of opiate substitution treatment to all low-

[11] Banta-Green, Caleb et al. "Recent Drug Abuse Trends in the Seattle-King County Area", *Epidemiologic Trends in Drug Abuse*, June 2002.
[12] Banta-Green, C., et al., *Prescription Opioid Use: Pain Management and Drug Abuse in King County and Washington State* (ADAI Research Brief, October 2003). Seattle, WA: Alcohol and Drug Abuse Institute, University of Washington, 2003.
[13] *Heroin Task Force Report,* op. cit.

income, Medicaid-eligible individuals in the County. It is estimated that there are more than 700 such individuals in King County, and that methadone treatment for all of them could be provided at a cost of approximately $2.56 million, half of which would be federal funds. KCBA is coordinating its efforts with range of health- and good government-related partners, including the King County Medical Society, Washington State Medical Association, Washington State Pharmacy Association, Seattle League of Women Voters, and Municipal League of King County. Representatives of the Drug Policy Project have been meeting with the Governor's Office and key legislators and legislative staff to promote wider opiate substitution treatment access.

6. Situation in Washington State Today

It is estimated that in 2000 approximately 30,665 Washington State adults were in need of treatment for heroin addiction.[14] As of January 1, 2003, 3,317 individuals were receiving opiate substitution treatment for opiate addiction, an increase of 1.3% over the same date in 2002. Of these, 1,703 (51.3%) were publicly funded.[15]

Opiate Substitution Treatment Caseload
2001-2003
(Census Taken January 1 of each year)

	2001	2002	2003
Publicly Funded	1,738 (57.0%)	1,762 (52.8%)	1,703 (51.3%)
Private Pay	1,311 (43.0%)	1,511 (46.2%)	1,614 (48.7%)_
Total	3,049	3,273	3,317

Opiate substitution treatment clinics have been operating in Washington State for more than 25 years. As of December 2003, there are 14 opiate substitution treatment clinics operating in five counties in Washington State. Six fixed locations and one mobile clinic are in King County, two of which serve only private-pay patients. Pierce County has two clinics (now operating as a single program), and Spokane and Yakima Counties each have one. A new clinic was opened in Thurston County in September 2002. Clark County contracts with an opiate substitution treatment program in Portland, Oregon to serve its residents. The Veterans Administration contracts with two clinics (in Spokane and Yakima) to provide services, and, additionally, operates two clinics itself in the Puget Sound region. In September 2003, a new opiate substitution clinic was opened on the Stilliguamish Indian Reservation in Snohomish County.

There is still a shortage of treatment slots for publicly funded patients. In addition, people with chronic heroin addiction living in rural and even some urban areas have to travel six days a week to King, Pierce, Yakima, Thurston, or Spokane Counties or to Portland to access treatment. There are waiting lists, sometimes longer than nine months, for the publicly funded slots at each of the operating clinics, preventing treatment at that critical juncture when addicted individuals are prepared to access it.

[14] The number was derived by taking the state adult population for 2000 and multiplying it by .007 (.7%), the percentage derived by the Department of Social and Health Services utilizing data from the National Household Survey on Drug Abuse. It should be noted that there are no available numbers for treatment need among users of prescription opiates. For further information, see "Best Practices for Substance Abuse Treatment: Opiate Substitution Treatment", Washington State Department of Social and Health Services, Division of Alcohol and Substance Abuse, 2003.

[15] Treatment and Assessment Report Generation Tool (TARGET), Department of Social and Health Services, Division of Alcohol and Substance Abuse, 2003.

7. Public Costs of Opiate Substitution Treatment

In 2003, $4,965,475 in public funds was expended for opiate substitution treatment: $2,121,175 was federal Title XIX (Medicaid) funds, and $2,844,300 was state funds.

8. Key Policy Questions

In order to evaluate the value of opiate substitution treatment, DASA continues to pose two policy questions:

- Does opiate substitution treatment contribute to reducing the negative consequences of opiate addiction related to crime, health problems, employment, and reliance on public assistance programs?

- Does opiate substitution treatment support the Department of Social and Health Services' mission by assisting individuals in achieving safe, self-sufficient, healthy, and secure lives?

9. Methodology

Previous reports utilized a purposive sample of patients discharged in any given year. In contrast, this year's report focuses on the demographic and treatment characteristics of all methadone patients, both publicly funded and private-pay, still receiving treatment. This approach provides for a more complete picture of the entire active treatment caseload, and, combined with other data sources, a more accurate view of the impact of treatment on individuals, families, and communities.

Findings in this report were based on a one-day census of 3,317 publicly funded and private-pay patients receiving opiate substitution treatment on January 1, 2003. The demographic and patient characteristics at admission, both in aggregate and by program, were extracted from the TARGET system by Ala Mofidi, Ph.D., of DASA's Research and Evaluation Section in August 2003.

10. Demographic and Treatment Characteristics

Opiate Substitution Treatment Patients
Demographic and Treatment Characteristics
January 1, 2003

	Publicly Funded Patients	Private-Pay Patients
Median Age	42 (range 17-76)	41 (range 18-66)
Median Age of First Heroin Use	16	16
Gender	54.1% female; 45.9% male	41.3% female; 58.7% male
Percentage with Children under 18	45.6%	44.5%
Percentage with Children Living in Home	31.4%	31.0%
Race	77.5% white 10.7% African-American 11.8% Other	88.3% White 3.2% African-American 8.5% Other
Median Length of Treatment	742 days (24.7 months)	522 days (17.4% months)
Heroin as Primary Substance of Abuse	89.4%	84.6%

The median age at admission for publicly funded patients receiving opiate substitution is 42, with a range from 17 to 76. Median age of first use of heroin is 16. More than half of patients (54.1%) are female. Almost half (45.6%) of patients are parents of children under age 18; 31.4% of patients have children living with them at home. The overwhelming majority (77.5%) of publicly funded patients are white; 10.7% are African-American. Median length of treatment of those in treatment on January 1, 2003 was 742 days (24.7 months), with a range from one day to 27.8 years. Significantly, under 90% (89.4%) indicate that the primary substance for which they are receiving opiate substitution treatment is heroin; "other opiates and synthetics" or "prescribed opiate substitutes" comprise most of the rest. Some 5.7% of publicly funded patients were homeless at time of admission to treatment.

The median age at admission for private-pay patients is 41, with a range from 18 to 66. Median age of first use of is 16. The majority (58.7%) of private-pay patients are male. Some 44.5% have children under age 18; 31.0% have children living with them at home. Private-pay patients are overwhelmingly white (88.3%). Median length of treatment for those in treatment on January 1,2003 was 522 days (17.4 months), with a range from one day to 21.6 years (7,876 days). Some 15.4% of private-pay patients indicate that "other opiates and synthetics" or "prescribed opiate substitutes" were their primary substances of abuse prior to treatment admission.

In attempting to answer the key policy questions, changes in patients' drug use and lifestyles were analyzed by comparing significant variables in the 12-month period prior to treatment and during treatment itself. For some variables, such as those measuring employment status, the comparison points were the patient's condition at treatment admission and at discharge.

11. Washington State Outcomes Project

A study of those admitted to opiate substitution treatment and either discharged or continuing to receive opiate substitution treatment was conducted by the Washington State Outcomes Project, under the direction of Dr. Molly Carney, Alcohol and Drug Abuse Institute, University of Washington.[16] The Opiate Study was designed to evaluate the effectiveness of opiate substitution treatment. One hundred thirty-five adults admitted to publicly funded treatment at two Seattle-based methadone programs participated, with interviews administered at admission, and 6- and 12-months post-admission during 2000. The study also made use of other instruments including the Addiction Severity Index, treatment services review, client satisfaction and special needs questionnaires, and data from DASA's TARGET system.

Treatment resulted in substantial improvements among patients, at both the 6- and 12-month follow-ups. These included:

- Increases in number of days employed;
- Decreases in number of days engaged in illegal activity;
- Reductions in number of days of heroin and cocaine use;
- Declines in number of days with medical problems;
- Reductions in number of days with drug problems.

Significantly, while better outcomes were shown to be associated with longer treatment retention, improvements occurred regardless of length-of-stay in treatment. Substantial gains were made even among patients who left treatment more than 30 days prior to the 6-month follow-up interview.

The Opiate Study found a direct correlation between higher mean peak doses of methadone and treatment retention. The two Seattle-based programs offered similar services to their patients, and patient characteristics were substantively similar. One program had a mean peak methadone dose of 109 mg/day; the other 83.1 mg/day. At the end of six months, the first program had a retention rate of 80.9%, as opposed to 47.8% at the second. Patients in the program with the higher mean peak dose averaged 46.8% more days in treatment (284.2 days versus 193.5 days). Further research is needed to establish

[16] Carney, Molly, et al., *Washington State Outcomes Project: Opiate Study Sample – Final Report.* Olympia, WA: Washington State Department of Social and Health Services, Division of Alcohol and Substance Abuse, 2003.

best practices in dosing levels specific to patients now being treated in Washington State opiate substitution treatment clinics.

12. Becoming Drug Free - Urinalysis

The state's largest provider of opiate substitution treatment services – Evergreen Treatment Services – performs a monthly analysis of urine specimens taken from patients. An examination of specimens taken in May 2003 in its Seattle treatment programs reveals a clear correlation between length of time in treatment and becoming and remaining drug free. Some 73.8% of specimens taken from methadone patients in treatment for 0-3 months test positive for drugs other than methadone.[17] For patients in treatment longer than 24 months, the percentage testing positive declines to 16.2%, representing a 78.0% reduction.[18]

13. Conclusions

As in previous annual outcome reports, the findings contained in this report continue to demonstrate conclusively that opiate substitution treatment contributes to significant reductions in illicit drug use, crime, and medical problems, and increases in employment. Opiate substitution treatment programs are successful in mitigating the negative consequences of heroin addiction and helping patients achieve safe, secure, self-sufficient, healthy, and drug-free lives. The result is that communities are safer, healthier places to live.

14. New Programs

In recognition of the success of opiate substitution treatment in improving public health and safety, current law does not allow county legislative authorities to prohibit opiate substitution treatment programs in their jurisdiction. Instead, upon receiving an application for certification of an opiate substitution treatment program, DASA is required to consult with county and city legislative authorities, demonstrate a need in the community for such a program, and certify only as many program slots as can be justified by the need. Two public hearings must be held, and programs must be sited in accordance with appropriate county or city land use ordinances. Counties now have the authority to lift the lid of 350 participants per program.

In September 2003, the Stilliguamish Tribe opened the first tribal opiate substitution treatment clinic in Washington State, and second in the nation. It is anticipated that

---

[17] Drugs detected include opiates (alone), cocaine (alone), opiates and cocaine, benzodiazepines (alone or in combination, and amphetamines/methamphetamine (alone or in combination).

[18] Jackson, Ron, *Urinalysis Study – May 2003: Evergreen Treatment Services – All Seattle Units.* Seattle, WA: Evergreen Treatment Services, 2003.

Thereapeutic Health Services will open a new Everett clinic in January 2004. Additional programs are under consideration in Clark, Snohomish, and Pierce Counties.

15. Future Challenges

The National Institutes of Health Consensus Panel laid out four challenges for the future of opiate substitution programs:

- Making treatment as cost-effective as possible while maintaining and improving quality of care.
- Increasing the availability and variety of treatment services.
- Including and ensuring wide participation by physicians trained in substance abuse who will oversee medical care.
- Providing additional funding for opiate addiction treatment and coordinating these services with other necessary social services and medical care.

The data contained in this report suggest another challenge. Individuals who participate in treatment for periods of one year or longer experience substantially better outcomes than those who remain in treatment for shorter periods. Further analysis is necessary to determine whether finding ways to keep those who leave early for longer periods would result in better outcomes for them as well. It should be noted that the lack of currently available treatment slots and limited funding mean that for every publicly funded patient who remains in treatment longer, one less slot is available for someone awaiting treatment.

16. Future Directions - Buprenorphine

In October 2002, the Food and Drug Administration approved the use of buprenorphine as a medication to treated opiate-addiction patients in outpatient settings. Physicians who receive specialized training are allowed to prescribe either of two buprenorphine formulations, Subutex or Suboxone. These medications hold out the promise of effective and earlier intervention in the lives of opiate-addicted individuals, reducing the need for dispensing of opiate substitutes such as methadone through specialized clinics, expanding the availability of opiate substitution treatment to rural areas and areas unserved by methadone clinics, and contribute to ensuring healthier individuals and healthier communities. As of December 2003, 29 Washington State physicians are authorized to prescribe buprenorphine, In September 2003, the Medicaid Assistance Administration authorized payment for Suboxone for opiate-dependent Medicaid patients, in office-based settings, for up to six months. It is believed that buprenorphine will be most appropriate for patients is somewhat less severe or chronic than those in need of methadone. The six-month limit reflects current Food and Drug Administration recommendations for Suboxone use, and the reality that the drug is very expensive.

Barriers to buprenorphine use still remain. The new federal regulations, for example, limit the number of patients for which a physician can prescribe buprenorphine to 30. Doctors report having to turn away patients who might otherwise benefit from treatment. In addition, in many areas it is difficult to find a pharmacy that carries and dispenses the drug. Costs and lack of insurance coverage remain difficult issues for patients who are largely poor, but may not be covered by Medicaid or other public programs. For some, the costs may be so high so as drive patients back to opiate use. Nonetheless, buprenorphine significantly expands the range of treatment opportunities available for those addicted to opiates.[19]

[19] For more information about buprenorphine, see buprenorphine.samhsa.gov .

FINDINGS

One-Day Census – January 1, 2003

1. Data Collection and Analysis

A wholly new approach was taken in collecting and analyzing data for this report. In previous reports, information from DASA's Treatment and Assessment Report Generation Tool (TARGET) regarding patients who were discharged in a 12-month period was analyzed to compare changes statewide in a series of criminal, social, health, and economic status indicators at patient discharge. Also analyzed was information comparing frequency of heroin use before entry into treatment and at discharge.

While data analyzed this way was indicative of positive changes occurring as a result of opiate substitution treatment, there was a set of limitations on the utility of data and upon the findings that could be drawn. These limitations were based upon the fact that only those patients who were discharged were included in the purposive sample. As a result:

- Sample size was much smaller than the actual number of patients enrolled in opiate substitution treatment at any given time;
- Discharge rates among patients in the first six months of treatment is high, skewing both averages and medians;
- Data did not effectively capture information about those remaining in opiate substitution treatment over the long term;
- Outcome results are likely to understate the effectiveness of treatment for those who remain in it.

In contrast to the previous methodology, this report provides a full one-day snapshot of all publicly funded private-pay patients receiving opiate substitution treatment at 14 different sites in Washington State on January 1, 2003. Besides providing characteristics of the entire active treatment caseload statewide, this analysis allows programs to ascertain the characteristics of their own patient population and compare them with statewide averages and norms. Finally, characteristics of those remaining in treatment can be compared with those discharged from treatment in the previous year.

2. Number and Distribution of Patients in Treatment

On January 1, 2003, there were 3,317 patients receiving opiate substitution treatment in Washington State.[*] Of these, 1,706 (51.4%) were publicly funded; 1,611 (48.6%) were private-pay patients. The total number of patients represents a 5.8% increase over the

[*] This number does not include those receiving opiate substitution treatment through the Department of Corrections or in Veterans Administration facilities, but does include patients for whom the Veterans Administration contracts for services with DASA-certified agencies.

number of patients (3,135) receiving opiate substitution treatment on January 1, 2002. Most of the increase was in private-pay patients (an 11.4% increase, from 1,446 to 1,611); the number of publicly funded patients increased from 1,689 to 1,706 (a 1.0% increase.)

3. Public Funding for Opiate Substitution Treatment

Public funding for the treatment of opiate addicts in opiate substitution treatment programs has traditionally come from three sources through DASA: from the State General Fund, from the federal Substance Abuse Prevention and Treatment (SAPT) Block Grant, and from federal Title XIX Medicaid funds, which are used to match state contributions for the provision of treatment. In SFY 2002 and 2003, DASA shifted its use of funds so that increased state funds would be used for opiate substitution treatment, maximizing Title XIX matching funds.

Public funding for opiate substitution treatment has been relative static for the past 8 years, from a low of $4.53 million in SFY 1996, to a high of $5.17 million in SFY 2000.

DASA Funding for Opiate Substitution Treatment – 1996-2003

FISCAL YR	TOTAL	TITLE XIX FEDERAL	SAPT	STATE
2003	4,965,475	2,121,175	0	2,844,300
2002	4,549,563	1,889,467	0	2,660,096
2001	4,788,590	1,658,046	1,480,779	1,649,766
2000	5,167,672	1,718,138	1,690,202	1,759,332
1999	5,106,411	2,047,723	1,234,713	1,823,974
1998	4,625,493	1,663,891	1,362,435	1,599,167
1997	5,200,654	1,335,225	1,174,609	2,690,819
1996	4,526,615	1,221,868	972,332	2,332,416

4. Demographic and Treatment Characteristics of Publicly Funded Patients

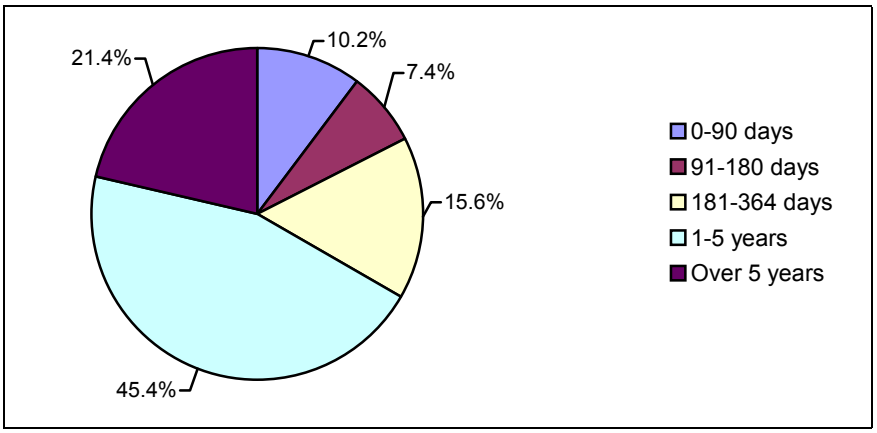
The median age at admission of publicly funded patients receiving opiate substitution treatment on January 1, 2003 was 42, and ranged from age 17 to 76. The median age of first use was 16. Thus, the typical publicly funded patient had been using heroin at least intermittently for 26 years. Age of first use ranged as low as one year, meaning that there are patients who had become addicted (likely through their parents) virtually at birth.

Some 54.1% of patients were female. Almost half of all publicly funded patients (45.6%) were parents of children under age 18; 31.4% of patients had children living with them at home.

The overwhelming majority (77.5%) of patients in publicly funded opiate substitution treatment were white, followed by African-American (10.7%), and Native American (2.7%).

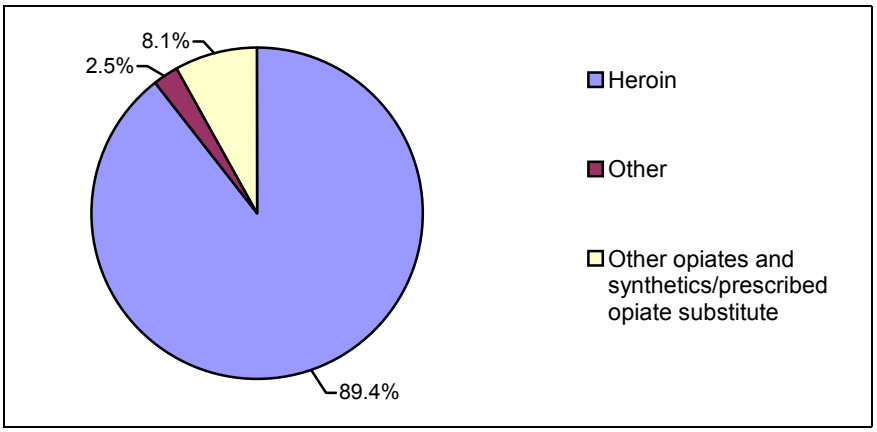
The median length of treatment for publicly funded patients receiving treatment on January 1, 2003 was 742 days (24.7 months), with a range from 1 day to 27.8 years (10,148 days.) Distribution was as follows:

Distribution of Publicly Funded Opiate Substitution Treatment Patients by Length of Time in Treatment, January 1, 2003



For the first time in any data analysis undertaken by DASA, the percentage of publicly funded patients indicating that the primary substance of abuse for which they are receiving opiate substitution treatment is heroin fell to under 90% (89.4%). Some 139 patients, representing 8.1% of the total number of publicly funded patients indicated that "other opiates and synthetics" or "prescribed opiate substitutes" were their primary substances of abuse.

Distribution of Publicly Funded Opiate Substitution Treatment Patients by Primary Substance of Abuse at Time of Admission, January 1, 2003



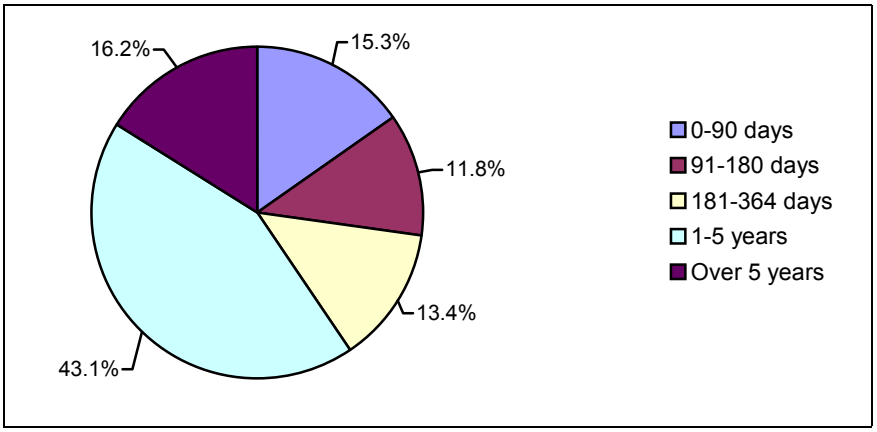
5. Demographic and Treatment Characteristics of Private-Pay Patients

Private-pay patients display demographic and treatment characteristics similar to publicly funded patients, but with some significant differences. The median age at admission of private-pay patients receiving opiate substitution treatment on January 1, 2003 was 41, and ranged from age 18 to 66. The median age of first use was 16. Hence, the typical publicly funded patient had been using heroin at least intermittently for 25 years. As was the case with publicly funded patients, age of first use ranged as low as one year.

Unlike publicly funded patients, the majority (58.7%) of private-pay patients were male. This may reflect the fact that males generally have higher incomes than females, or, among those accessing treatment, are more likely to have insurance coverage. Some 44.5% of patients had children under age 18; 31.0% had children under 18 living with them at home. Private-pay patients receiving opiate substitution treatment are overwhelming white (88.3%).

The median length of treatment for private-pay patients receiving treatment on January 1, 2003 was 522 days (17.4 months), with a range from 1 day to 21.6 years (7,876 days). However, both the median length of treatment and its distribution for private-pay patients paints a somewhat deceptive picture, as there has been (as indicated above) substantial growth in the number of treatment admissions among private-pay patients in recent years. The distribution is as follows:

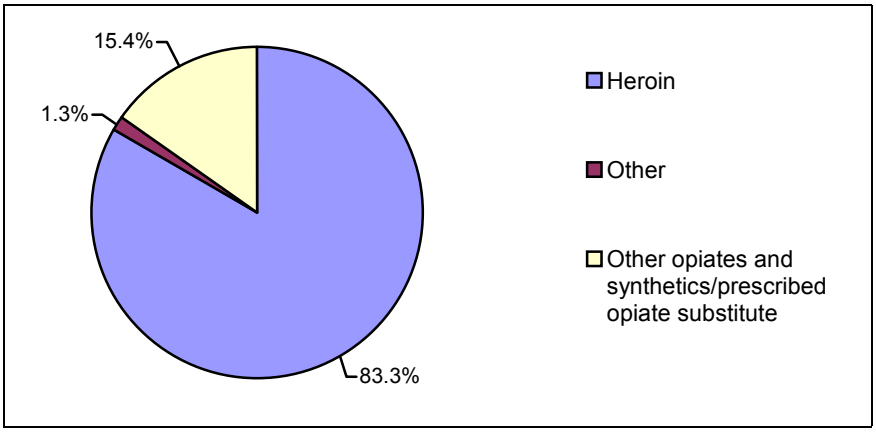
Distribution of Private-Pay Opiate Substitution Treatment Patients
By Length of Time in Treatment
January 1, 2003



Strikingly, 249 patients, representing 15.4% of the total number of private-pay patients, indicated that "other opiates and synthetics" (6.7%) or "prescribed opiate substitutes" (8.4%) were their primary substances of abuse upon treatment admission. In one of the more recently opened clinics treating private-pay patients only (CRC/WCHS Renton Clinic), 31.5% of those receiving opiate substitution treatment report that their primary

substance of abuse was either "other opiates and synthetics" (7.6%) or "prescribed opiate substitute" (23.8%).

Distribution of Publicly Funded Opiate Substitution Treatment Patients by Primary Substance of Abuse at Time of Admission January 1, 2003



Washington State Outcomes Project

A study of those admitted to opiate substitution treatment and either discharged or continuing to receive opiate substitution treatment was conducted by the Washington State Outcomes Project, under the direction of Dr. Molly Carney, Alcohol and Drug Abuse Institute, University of Washington.[1] The Opiate Study was designed to evaluate the effectiveness of opiate substitution treatment. One hundred thirty five adults admitted to publicly funded treatment at two Seattle-based methadone programs participated, with interviews administered at admission, and 6- and 12-months post-admission during 2000. Patients, for whom treatment was at least partially financed with public funds, averaged 9.8 years of regular heroin use, 5.3 prior drug treatment episodes, 2.9 prior alcohol treatment episodes, and 25.1 days of heroin use during the 30 days prior to treatment admission.[2]

Some 11.9% of patients reported that their admission to opiate substitution treatment was prompted by the criminal justice system; 18.5% reported they were on probation or parole at time of admission. Legal pressure had no significant impact on the number of days patients remained in treatment (the average for those with legal pressure was 216.1 days; without legal pressure 242.3 days).

[1] Carney, Molly, et al., *Washington State Outcomes Project: Opiate Study Sample – Final Report.* Olympia, WA: Washington State Department of Social and Health Services, Division of Alcohol and Substance Abuse, 2003.

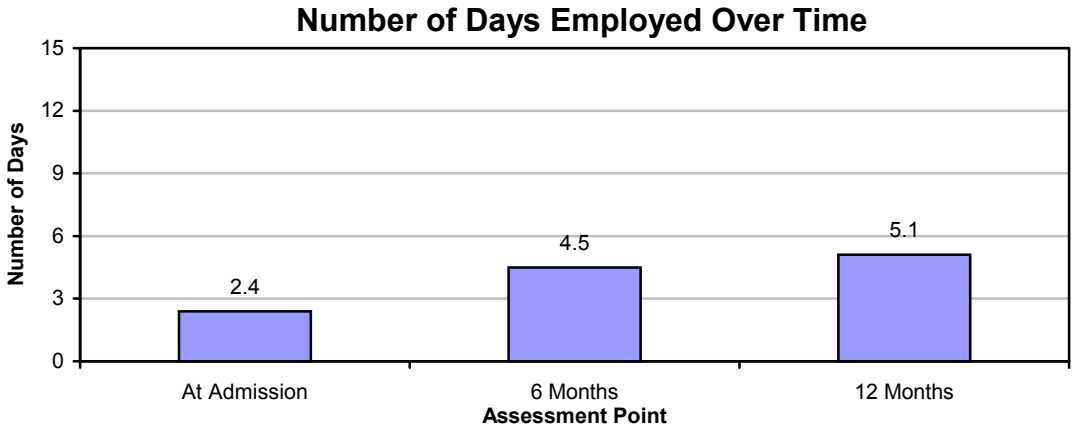
[2] Since patients also averaged 3.0 days in a controlled environment in the 30 days prior to treatment, patients reported that they used heroin virtually every day whenever they had access to it.

Treatment resulted in significant improvements among patients, at both the 6- and 12-month follow-ups. These included:

- increases in number of days employed;
- decreases in number of days engaged in illegal activity;
- reductions in number of days of heroin and cocaine use;
- declines in number of days with medical problems;
- reductions in number of days with drug problems.

1. Number of Days Employed

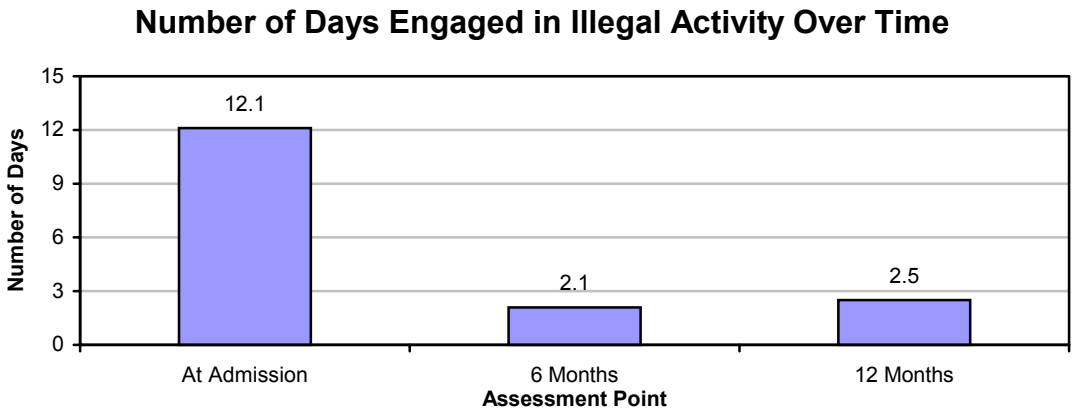
There was a significant improvement in the number of days employed; from 2.4 days in the past 30 days at admission to 4.5 days in the 30 days prior to the six-month followup (representing an 87.5% increase), and to 5.1 days in the 30 days prior to the 12-month followup (representing a 112.5% increase). Further analysis revealed that 26.7% of individuals increased their number of days of employed.



2. Days Engaged in Illegal Activity

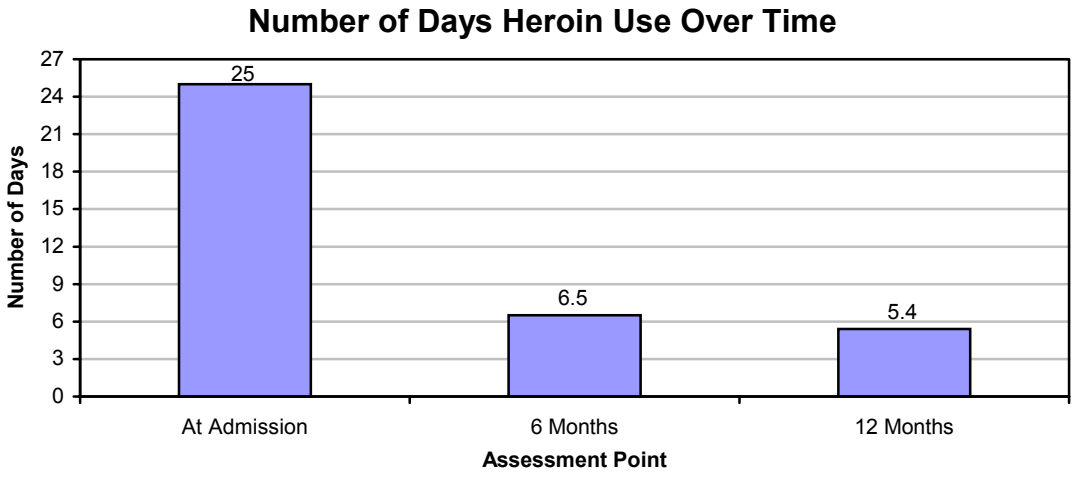
There was a large reduction in the number of days engaged in illegal activity[3]; from 12.1 days in the past 30 days at admission to 2.1 days at the six-month followup (representing a decline of 82.6%), and to 2.5 days at the 12-month followup (representing a 79.3% decline). Approximately 50% of the sample reduced the number of days engaged in illegal activity between admission and the 6- and 12-month follow-ups.

[3] Data does not including possession and use of illicit drugs.



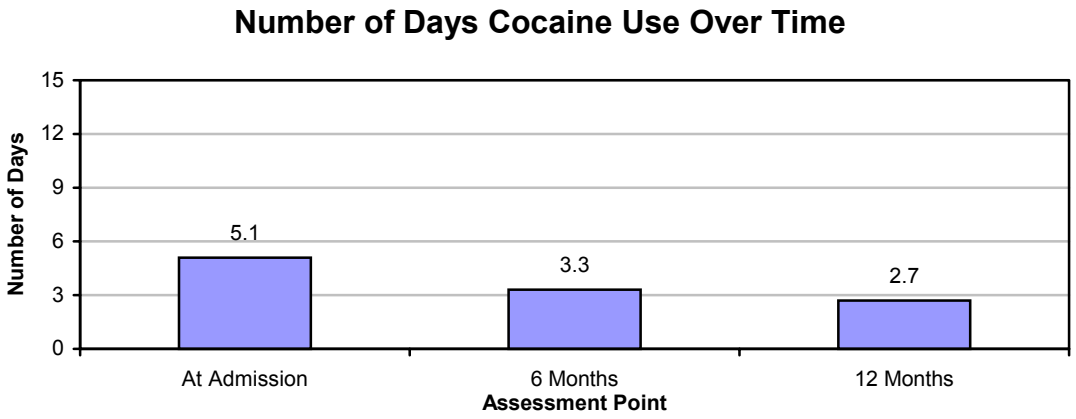
3. Days of Heroin Use

Days of heroin use were reduced from 25.0 in the 30 days prior to admission to 6.5 days for the 30 days prior to the six-month follow-up (representing a 74.0% decline), and to 5.4 days for the 30 days prior to the 12-month follow-up (representing a 78.4% reduction.). Some 81.5% of patients decreased the number of days using heroin between admission and six months, and this reduction was maintained at the 12-month follow-up.



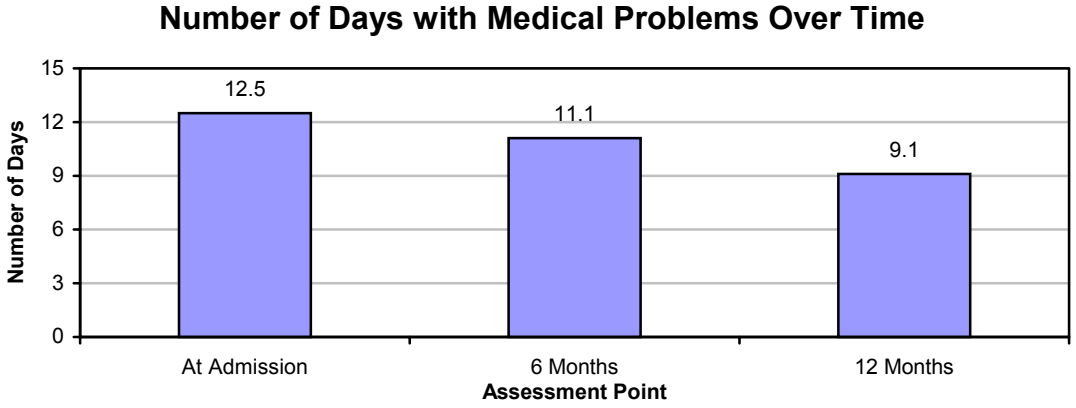
4. Days of Cocaine Use

Patients reported a decline in number of days of cocaine use, from 5.1 days in the 30 days prior to admission, to 3.3 days in the 30 days prior to the six-month follow-up (representing a 35.3% decline), and to 2.7 days in the 30 days prior to the 12-month follow-up (representing a 47.1% reduction). Some 25.2% of patients reported cocaine use at admission, but no use at the 6- and 12-month follow-ups.



5. Days with Medical Problems

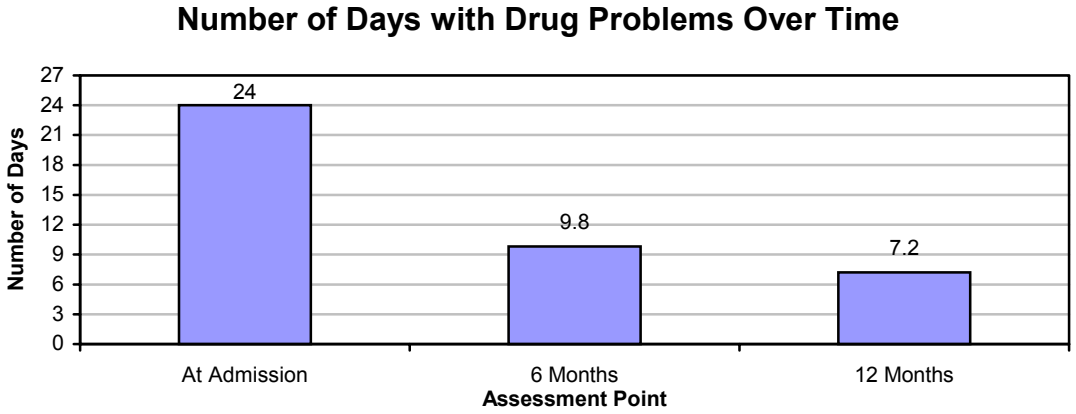
Patients reported a small reduction in days of medical problems, from 12.5 days in the 30 days prior to treatment admission, to 11.1 days in the 30 days prior to the six-month follow-up (representing an 11.2% decline), and to 9.1 days in the 30 days prior to the 12-month follow-up (representing a 27.2% reduction). Approximately one-third of patients reported a decrease in the number of days with medical problems between admission to treatment and the six-month follow-up, and this was further reduced at the 12-month follow-up.



6. Days with Drug Problems

Opiate substitution treatment resulted in very large reduction in the number of days patients experienced drug problems. Some 65.9% reported a decrease in the number of days with drug problems between admission and the six-month follow-up. Patients reported 24.0 days with drug problems in the 30 days prior to treatment admission. This declined to 9.8 days (representing a 59.1% reduction) at 30 days prior to the six-month

follow-up, and to 7.2 days (representing a 70.0% decline) in the 30 days prior to the 12-month follow-up.



7. Retention in Opiate Substitution Results in Better Outcomes

The Washington State Outcomes Project confirmed what has already been shown from previous research, that retention in opiate substitution treatment is associated with better outcomes. The study compared patient behaviors at admission with those still enrolled at the 6- and 12-month follow-up interviews, and those who had left treatment sometime prior to the interview follow-up.

Patient Behavioral Change Over Time, By Length of Retention in Treatment Activity Prior 30 Days

		6-month Follow-up Interview		12-month Follow-up Interview	
Measure	At Treatment Admission	Still enrolled in Opiate Substitution Treatment at 6 mos. (n = 80)	Not enrolled in Opiate Substitution Treatment 30 days prior to 6 mos. Interview (n = 47)	Still enrolled in Opiate Substitution Treatment at 12 mos. (n = 60)	Not enrolled in Opiate Substitution Treatment 30 days prior to 12 mos. Interview (n = 73)
Average Number of Days Experiencing Medical Problems	12.5	12.1	9.6	10.1	8.3
Average Income from Employment (in Dollars)	161.3	410.3	172.8	330.3	210.4
# of Days of Heroin Use	25.0	1.9	14.2	1.2	9.0
% Abstinent from Heroin	5.9	71.3	29.8	85.5	50.7
% Abstinent from Cocaine	47.4	77.5	53.2	95.2	64.4
Days experiencing drug problem	24.0	6.1	16.0	3.6	10.2
Average Dollars Earned Illegally	720.3	7.8	196.7	19.8	275.7
# of Days Engaged in Illegal Activity	12.1	0.4	5.1	0.5	4.3

As can be seen from the above, enrollment in opiate substitution treatment for even short periods (< 6 months) has substantial positive impacts on patient behavioral functioning. In virtually every area, however, as time in treatment increases, even greater results are achieved.

8. The Link Between Dose and Treatment Retention

The Washington State Outcomes Project demonstrated a clear link between retention in treatment and better outcomes. Treatment retention is associated with increases in number of days employed; decreases in number of days engaged in, and income received from, illegal activity; reductions in number of days of heroin and cocaine use, and a greater likelihood of abstinence.

Other studies have found a relationship between peak methadone dose and treatment retention.[20] [21] [22]In the Washington State Outcomes Study, mean peak doses for the participants in the two programs were reported: in the first program, mean peak dose was 109.1 mg/day; in the second program, mean peak dose was 83.1 mg/day. There was a direct correlation between higher peak doses and increased retention. In the first program, average length of stay was 284.2 days, almost 50% greater than in the second, at 193.5 days. At 180 days following admission, 80.9% of participants in the first program were retained, while in the second, less than half (47.8%) remained. At 360 days, the percentage of patients who were retained in treatment in the program with the higher mean peak dose (26.5%) was almost double that of the program with the lower mean peak dose (13.4%).

The Link Between Methadone Dose and Retention
Comparison of Two Programs

Treatment Group	Mean Peak Dose	90 Days	180 Days	270 Days	360 Days	Average Number Days in Treatment
Program 1	109 mg/ day	95.6%	80.9%	57.4%	26.5%	284.2
Program 2	83.1 mg/ day	76.1%	47.8%	28.4%	13.4%	193.5

More research is needed to establish best practices in dosing levels specific to patients now being treated in Washington State clinics.

[20] Maxwell, S., & Sinderman, M., "Optimizing Response to Methadone Maintenance Treatment: Use of Higher-Dose Methadone," *Journal of Psychoactive Drugs* 31(2), April-June, 1999.
[21] Joseph, H., Stancliff, S., and Langrod, J., "Methadone Maintenance Treatment (MMT): A Review of Historical and Clinical Issues," *Mount Sinai Journal of Medicine* 67(5 & 6), October/November 2002.
[22] Caplehorn, J., & Bell, J., "Methadone Dosage and Retention of Patients in Maintenance Treatment," *Medical Journal of Australia* 154, February 4, 1991.

Part 2

Program Descriptions

PROGRAM: **EVERGREEN TREATMENT SERVICES (ETS)**

ADDRESS: **1700 Airport Way South**
Seattle, WA 98134

CONTACT: **Ron Jackson, Executive Director**
(206) 223-3644
E-mail: ronjack@u.washington.edu

Evergreen Treatment Services (ETS) is a private, non-profit community-based agency that has been delivering outpatient opiate substitution treatment services since 1973. ETS operates two fixed-site clinics (Primary Unit and Unit 2) just south of downtown Seattle. ETS' Unit 3 is a mobile dispensing van that serves the North Health Clinic in King County six days per week. A fourth unit represents a collaboration between ETS and the Harborview Medical Center Primary Care Program which provides medical maintenance and primary medical care services to a small group of long-term, highly stabilized patients. In September 2002, ETS, in collaboration with the Thurston County Health Department, opened the South Sound Clinic, serving both Medicaid and private-pay patients.

ETS provides a full range of services, including: assessment and treatment planning; drug screen urinalysis; HIV education, testing, and counseling; physical examination; psychiatric evaluation and medication follow-up; individual and group counseling; and drug court treatment services. As of January 1, 2003, ETS in King County served 823 patients: 65% are publicly funded (Medicaid and TANF, Federal Block Grant, CSAT Grant, HIV/AIDS, and Drug Court funding), and 35% of patients pay for the total cost of treatment themselves.

PATIENT CHARACTERISTICS:

Primary Unit

Compared to the statewide survey of publicly funded patients, publicly funded ETS Unit I patients receiving opiate substitution treatment were:

- More likely to have heroin as their primary substance of abuse (96%; statewide=89%);
- More likely to remain in treatment longer (median=910 days; statewide=742 days).

ETS Unit I private-pay patients had characteristics that were similar to the statewide sample.

Unit 2

Compared to the statewide survey of publicly funded patients, publicly funded ETS Unit II patients receiving opiate substitution treatment were:

- More likely to be male (56%; statewide=46%);
- More likely to have heroin as their primary substance of abuse (95%; statewide=89%).

ETS Unit II private-pay patients had characteristics that were similar to the statewide survey.

Unit 3 (Mobile)

Compared to the statewide survey of publicly funded patients, publicly funded ETS Unit 3 (Mobile) patients receiving opiate substitution treatment were:

- More likely to have heroin as their primary substance of abuse (97%; statewide=89%).

The sample size for private-pay patients (18) at ETS Unit 3 (Mobile) is too small to make statistically reliable comparisons with the statewide survey.

Primary Care

The small number of patients (27) and the basis for selection for inclusion in the Primary Care program make statistical comparisons with the statewide survey unreliable.

PROGRAM: **SOUTH SOUND CLINIC OF EVERGREEN TREATMENT SERVICES**

ADDRESS: **6700 Martin Way East – Suite 117**
Olympia, WA 98516

CONTACT: **Margaret Holmstrom, Dispensary Manager**
South Sound Clinic
(360) 413-6910

Ron Jackson, Executive Director
Evergreen Treatment Services
(206) 223-3644
E-mail: ronjack@u.washington.edu

In September 2002, Evergreen Treatment Services, in collaboration with the Thurston County Health Department, opened South Sound Clinic, serving both Medicaid and private-pay patients.

South Sound Clinic provides a full range of services, including: assessment and treatment planning; drug screen urinalysis; HIV education, testing, and counseling; physical examination; psychiatric evaluation and medication follow-up; and individual and group counseling. As of January 1, 2003, South Sound Clinic in Thurston County served 105 patients, half of them (53) publicly funded and 50% private-pay.

PATIENT CHARACTERISTICS

Both publicly funded and private-pay patients at South Sound Clinic were comparable to the statewide survey.

PROGRAM: **ALCOHOL AND DRUG NETWORK [SPOKANE METHADONE MAINTENANCE PROGRAM (SMMP)]**

ADDRESS: **West 1101 College Avenue**
Spokane, WA 99201

CONTACT: **Gary Kissel-Nelson, Clinical Supervisor**
(509) 342-1420
E-mail: Gkissel-Nelson@spokanecounty.org

Nancy Echelbarger, Administrator
(509) 324-1420
E-mail: Nechelbarger@spokanecounty.org

The Spokane Methadone Maintenance Program (SMMP) is part of the Community Health Intervention and Prevention Services Division within he Spokane Regional Health District (SRHD). SRHD took over the delivery of opiate substitution treatment services in Spokane in 1990. SMMP offers a full array of clinical services, including: tuberculosis and sexually transmitted disease testing and treatment; vaccination of patients and their families against hepatitis A and B; HIV counseling and testing; and pregnancy testing and prevention.

On January 1, 2003, SMMP had 243 patients, 81 (33%)of whom were fully or partially publicly funded, including some through a contract with the Veteran's Administration Hospital. The other 162 patients (67%) were private-pay

PATIENT CHARACTERISTICS:

Compared to the statewide survey of publicly funded patients, publicly funded Alcohol and Drug Network patients receiving opiate substitution treatment were:

- More likely to have children under age 18 (52%; statewide=46%);
- Less likely to be homeless (2%; statewide=6%);
- Less likely to be African-American (4%; statewide=11%);
- More likely to have "other opiates" (17%; statewide=8%), or "other drugs" (besides heroin or other opiates) (20%; statewide=3%) as their primary substances of abuse.

Private-pay patients were comparable to the statewide sample of private-pay patients.

PROGRAM: **THERAPEUTIC HEALTH SERVICES (T/H/S)**

ADDRESS:

T/H/S -- Midvale
17962 Midvale Avenue North – Suite 150
Shoreline, WA 98133

T/H/S – Summit
1116 Summit Avenue
Seattle, WA 98101

T/H/S – Seneca
1305 Seneca Street
Seattle, WA 98101

CONTACT:

W. Calvin Hightower, Midvale Branch Manager
(206) 546-0326
E-mail: CalvinH@therapeutichealth.org

Victoria Evans, Summit and Seneca Branch Manager
(206) 323-0930 Ext. 202
E-mail: VictoriaE@therapeutichealth.org

Therapeutic Health Services (T/H/S) is a private, non-profit agency that has been providing opiate substitution treatment since 1972. T/H/S provides a full range of services, including: comprehensive bio-psychological assessment; individualized treatment planning; individual and group counseling; mental health evaluations and services; HIV education and counseling; acupuncture; and links to community resources and therapeutic childcare. T/H/S works with many referral and funding sources, including King County Drug Court.

In addition, T/H/S provides a special focus on assisting families in developing a healthy family system through its Pregnancy and Family Program and its Focus on Families Program. Childcare is provided during sessions. Opiate substitution treatment services are delivered at three sites, Midvale, Summit, and Seneca.

On January 1, 2003, T/H/S was serving 821 patients in its opiate substitution treatment program. Of these, 61% were publicly funded, while 39% were private-pay.

PATIENT CHARACTERISTICS:

T/H/S – Midvale

Compared with the statewide survey of publicly funded patients, publicly funded patients receiving opiate substitution treatment at T/H/S – Midvale were:

- More likely to have "other opiates" (rather than heroin) as their primary substance of abuse (18%; statewide=8%);
- More likely to be in treatment for one year or longer (81%; statewide=67%);
- More likely to be in treatment longer (median=1,020 days; statewide=742 days).

Compared with the statewide survey of private-pay patients, private-pay patients receiving opiate substitution treatment at T/H/S – Midvale were:

- More likely to have "other opiates" (rather than heroin) as their primary substance of abuse (25%; statewide=16%);

T/H/S – Summit

Compared with the statewide survey of publicly funded patients, publicly funded patients receiving opiate substitution treatment at T/H/S – Summit were:

- Less likely to have children under age 18 living with them (20%; statewide=31%);
- Less likely to have children under age 18 (25%; statewide=46%).

Compared with the statewide survey of private-pay patients, private-pay patients receiving opiate substitution treatment at T/H/S – Summit were:

- More likely to be in treatment longer (median=857 days; statewide=522 days).

T/H/S – Seneca

Compared with the statewide survey of publicly funded patients, publicly funded patients receiving opiate substitution treatment at T/H/S – Seneca were:

- More likely to be male (70%; statewide=46%);
- Less likely to have children under age 18 living with them (10%; statewide=31%);
- Less likely to have children under age 18 (10%; statewide=46%).

Compared with the statewide survey of private-pay patients, private-pay patients receiving treatment at T/H/S – Seneca were:

- Less likely to have children under age 18 living with them (7%; statewide=31%);
- Less like to have children under age 18 (12%; statewide=44%).

PROGRAM: **TACOMA-PIERCE COUNTY TREATMENT SERVICES (TPCTS)**

ADDRESS: **Tacoma-Pierce County Health Department**
3629 South D Street
Tacoma, WA 98418-68113

CONTACT: **Dave Bischof, Program Coordinator**
(253) 798-4764/6576
E-mail: dbischof@tpchd.org

Tacoma-Pierce County Treatment Services (TPCTS), formerly known as the Tacoma-Pierce County Methadone Maintenance Program operates under the auspices of the Tacoma-Pierce County Health Department. TPCTS puts patient retention at the top of its agenda, and views proper dosing as being at the core of its treatment regime, and the most critical element in treatment retention. TPCTS provides individual and group counseling, as well as case management services, HIV information, referrals, and skills training.

As of January 1, 2003, 478 patients were receiving opiate substitution treatment services from TPCTS. Of these, 343 (72%) were fully or partially publicly funded; 129 (28%) were private-pay patients.

Although the program continues to hold two DASA certifications for two separate methadone units, TPCTS now operates as a single program. Data for this report was gathered from both Units.

PATIENT CHARACTERISTICS:

Compared with the statewide survey of publicly funded patients, publicly funded patients receiving opiate substitution treatment at TPCTS were:

- More likely to have children under age 18 living in their home (43%; statewide=31%).

Compared with the statewide survey of private-pay patients, private-pay patients receiving opiate substitution treatment at TPCTS were:

- Less likely to have "Other Opiates" (rather than heroin) as their primary drug of abuse at admission (5%; statewide=16%)

PROGRAM: **CODA, INC.**

ADDRESS: **1027 East Burnside Street**
Portland, OR 97214

CONTACT: **Tim Hartnett, Executive Director**
(503) 23602290 Ext. 204

Susan Gilberson, Outpatient Services Director
(503) 226-3390 Ext.. 206

CODA, Inc. is a 30-year-old organization that provides a full continuum of care – detoxification, outpatient and residential treatment, methadone treatment, and transitional housing – at three sites in northwestern Oregon. Since 1996, CODA has been providing opiate substitution treatment services for Washington State publicly funded patients who are Clark County residents.

As of January 1, 2003, CODA was serving 94 Washington State publicly funded patients from Clark County in its opiate substitution treatment program.

PATIENT CHARACTERISTICS

Compared with the statewide survey of publicly funded patients, patients receiving opiate substitution treatment services through CODA are:

- More likely to be younger (median age = 38.5 years; statewide=41.3 years);
- More likely to be female (67%; statewide=54%);
- More likely to have children under age 18 living in their home (57%; statewide=31%);
- More likely to have children under age 18 (62%; statewide=46%);
- Less likely to be homeless (0%; statewide=6%).

PROGRAM: **CRC/WESTERN CLINICAL HEALTH SERVICES, INC. (CRC/WCHS)**

ADDRESS: **Federal Way Clinic**
22925 South 341st Place
Federal Way, WA 98003

Renton Clinic
2838 NE Sunset Boulevard
Renton, WA 98056

CONTACT: **Joan Bunnell, Administrator**
(253) 874-2030
E-mail: joanb@crchealth.com

CRC/Western Clinical Health Services (CRC/WCHS), a division of CRC Health Corporation, operates two outpatient opiate treatment clinics in King County, one in Federal Way and one in Renton. CRC is a national corporation that has been in existence for more than 30 years, providing comprehensive mental health and chemical dependency treatment. Treatment emphasis is on the physical, mental, emotional, and spiritual transformation of the individual. CRC is committed to providing clients with the highest quality of care and setting the standard of excellence in the field of chemical dependency and behavioral health. WCHS/CRC is accredited by both the Division of Alcohol and Substance Abuse and CARF (Commission on Accreditation of Rehabilitation Facilities).

Each clinic consists of state-certified chemical dependency professionals and medical staff. Addiction specialists, physician assistants, registered nurses, and licensed practical nurses offer a multi-disciplinary team approach to treatment. Treatment services include: opiate substitution; assessments and evaluations, including hospital outreach assessments; medication management; individual and group counseling; family intervention; medically managed detoxification; case management; disease intervention and testing; resources and referral; and medical and psychiatric coordination of treatment. As of January 1, 2003, the Federal Way Clinic served 323 patients (5 publicly funded, and 318 private-pay patients), and the Renton Clinic served 302 private-pay patients.

PATIENT CHARACTERISTICS:

Federal Way Clinic

Compared with the statewide survey of private-pay patients, private-pay patients receiving opiate substitution treatment at the Federal Way Clinic were:

- More likely to remain in treatment longer (median = 1,082 days; statewide=522 days);
- More likely to be in treatment for one year or longer (76%; statewide=59%).

The sample size for publicly funded patients (5) at the Federal Way Clinic is too small to make statistically reliable comparisons with the statewide survey.

Renton Clinic

Compared with the statewide survey of private-pay patients, private-pay patients receiving opiate substitution treatment at the Federal Way Clinic were:

- More likely to have "other opiates" rather than heroin as their primary substance of abuse (31%; statewide=16%).

PROGRAM: **CENTRAL WASHINGTON COMPREHENSIVE MENTAL HEALTH ADDICTION TREATMENT PROGRAM (CWCMH)**

ADDRESS: **402 South 4th Avenue**
Yakima, WA 98902

CONTACT: **Judy Newland, Addiction Treatment Supervisor**
(509) 574-5103
E-mail: jnewland@cwcmh.org

Central Washington Comprehensive Mental Health's (CWCMH) Addiction Treatment Program has assisted opiate dependent individuals since the early 1970s. A multi-disciplinary team, including a program physician, nurses, and chemical dependency professionals, provides personalized service and individualized care. to approximately 140 patients. Approximately 33% of CWCMH's patients are employed, and approximately 10% have health insurance coverage that pays 100% of their clinic fees.

As of January 1, 2003, CWCMH served 132 opiate substitution treatment patients. Of these, 96 (73%) were publicly funded, with 27% paying privately for their treatment.

As part of a fully accredited mental health facility, CWCMH is able to provide ready access to necessary mental health services for patients requiring them. CWCMH also has a residential program for patients requiring a protective environment during the methadone stabilization period.

PATIENT CHARACTERISTICS:

Compared to the statewide survey of publicly funded patients, CWCMH patients were:

- More likely to have children under age 18 living in their home (45%; statewide=31%);
- More likely to have children under age 18 (61%; statewide=46%);
- Less likely to be in treatment one year or longer (47%; statewide=59%)
- More likely to have shorter length of treatment (median = 325 days; statewide=742 days).

Part 3

Table of Patient Characteristics